

EXHIBIT C

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION)
OPIATE LITIGATION)
) MDL No. 2804
THIS DOCUMENT RELATES TO:) Case No. 17-md-2804
)
Track Three Cases)

VIDEOTAPED RULE 30(b)(6) DEPOSITION OF KIM FRASER
Conducted via Zoom
Painesville, Ohio
Tuesday, March 2nd, 2021

REPORTED BY: GREG S. WEILAND, CSR, RMR, CRR
JOB NO.: 4477967

1 A. It's -- no, it's three, one-sided pages.

2 Q. Thank you. Okay.

3 So showing you Exhibit 1, is this your
4 LinkedIn biography?

5 A. Yes, it is.

6 Q. And is it accurate?

7 A. Yes, it is.

8 Q. All right. It indicates that you are the
9 executive director of the Lake County Board of
10 Alcohol, Drug Addiction and Mental Health Services;
11 is that correct?

12 A. Yes, it is.

13 Q. And so I don't have to keep repeating
14 that, we're going to use the acronym ADAMHS.

15 Is that okay with you?

16 A. Yes.

17 Q. All right. So you have been the executive
18 director of ADAMHS since July of 2007; is that
19 correct?

20 A. That's correct.

21 Q. And what do you do as executive director
22 of ADAMHS?

23 A. Well, the ADAMHS Board is responsible for
24 planning, funding, monitoring, and evaluating the
25 County's behavioral health system. So we're

1 responsible for overseeing the mental health and
2 substance use disorder services that are provided
3 throughout the county.

4 We exist by state statute. Ohio Revised
5 Code says that every county in the state will have
6 an ADAMHS Board, and, you know, our job is to ensure
7 that any person in Lake County, regardless of age,
8 regardless of gender, regardless of socioeconomic
9 status, has access to the best mental health and
10 addiction recovery services when and where they want
11 to receive those.

12 So as executive director of the ADAMHS
13 Board, my job is to make sure that we have
14 behavioral health services, mental health, and
15 substance use disorder services for the county for
16 any of our constituents in the county that are
17 efficient, effective, that we're accountable for all
18 of the dollars that come to the ADAMHS Board for the
19 operation of the services.

20 We don't provide the services directly out
21 of our office. We then contract with providers
22 throughout the county, so as executive director,
23 part of my job is to really oversee those contracts
24 and make sure that the providers within our system
25 are meeting our expectations, are making sure that

1 the Lake Countians have access to those services.
2 My job is also to evaluate what the needs are for
3 the community.

4 So every year we re-evaluate, are there
5 new initiatives that we need to stand up, are there
6 services that we no longer need. My job is to
7 really drive the system and ensure that we have the
8 services that are in place that are going to meet
9 those needs of our constituents.

10 So, again, if there's a new need within
11 the community, part of my job is to work with my
12 stakeholders, work with consumers, and that's the
13 name we use for individuals who need and use our
14 services, work with family members who have loved
15 ones who depend upon our services, identify what,
16 kind of, that blend of services is that we need to
17 make sure that the behavioral health of our
18 community is addressed.

19 So, again, that can be networking with
20 other stakeholders, networking with peers in the
21 county, networking with peers throughout the state,
22 so looking at other ADAMHS Boards.

23 So I regularly meet with ADAMHS Boards
24 from throughout the state, find out what kind of
25 best practices are happening, find out what they're

1 Lake County viable from a behavioral health
2 perspective.

3 So my job is multifaceted, working with
4 all of those partners from -- at the local level, at
5 the state level, even at the federal level, working
6 with SAMHSA, working with the federal legislation to
7 make sure that behavioral health continues to be
8 funded in a way that supports the needs of our
9 community.

10 Q. Okay. Now, before you were the executive
11 director of the Lake County ADAMHS Board, you were
12 the director of quality improvement from October of
13 1999 to July of 2007; is that correct?

14 A. That is correct.

15 Q. And if you could briefly describe for me
16 what your duties were in that position.

17 A. Sure.

18 When I joined the board in '99, I came on
19 as the director of quality improvement. And my job
20 was really to look at what were the best practices
21 amongst our agencies.

22 So as a board, we have oversight over our
23 provider agencies. We want to make sure that client
24 rights are being adhered to, that clinical records
25 are being adhered to, that productivity standards

1 So that time I would estimate would be --
2 with the colleague interviews, I probably spent
3 two hours probably with each, and there were four
4 individuals with whom I spoke.

5 And then reviewing documents and reviewing
6 what I know. The other thing I did was really call
7 upon my own knowledge and expertise in the area.
8 I've worked in Lake County for over 25 years. I've
9 been with the ADAMHS Board since '99. I have been
10 intimately involved in the response to the
11 prescription opioid epidemic for over a decade.

12 So I really called upon my own expertise
13 and knowledge, combined hours of reviewing
14 documents, and reviewing my knowledge base, probably
15 another 40 hours.

16 So, collectively, I probably spent -- I've
17 probably spent 80 to 90 hours.

18 Q. Now, you mentioned that you spoke to
19 colleagues.

20 To whom did you speak with?

21 A. I spoke with -- I'm pulling my notes that
22 I have in front of me just because I kept notes on
23 those conversations.

24 But I spoke with Captain Ron Walters from
25 the Lake County Sheriff's Office.

1 Services. Those are surveys that have been done at
2 the state level because -- and those were borne out
3 of this growing recognition that virtually every,
4 every life is, in some way, touched by this
5 epidemic.

6 So those were -- those were surveys that
7 were done at the state level that really
8 demonstrated the need for resources to address this
9 huge epidemic that we're experiencing.

10 Q. Can you identify for me the name of any of
11 those surveys or studies that you're relying on for
12 the two-thirds figure?

13 A. What I can tell you is -- what I'm relying
14 on is my ten years' experience working with this
15 particular issue in Lake County.

16 I have been on Opiate Task Forces at the
17 state level. I have attended every opioid
18 conference that the state has put on since 2012.
19 I've presented at a number of the opioid conferences
20 that the state has put on.

21 It's information that is continually
22 coming to us to help us to respond to this flooding
23 of addiction that we're seeing.

24 Q. Okay. And you said the two-thirds figure
25 was for addiction to prescription opioids.

1 the data is not always exact because of, as I
2 explained, you know, these things can bleed over.

3 Q. Are you aware of any collections --

4 MR. BADALA: Before you go, did you finish
5 with your answer, Kim? I'm sorry.

6 THE WITNESS: What?

7 I was going to let you know of other
8 organizations because you asked me for the
9 organizations. And there are multiple
10 organizations that gather data that drive
11 decision-making, you know.

12 We've got the treatment providers. I
13 mentioned one. I can talk about other
14 treatment providers who look at that.

15 BY MR. BROWN:

16 Q. Well, let me -- rather than go down that
17 road, and we will get to some of that later, let me
18 focus instead on any studies, if you will, of --
19 we'll call them studies.

20 Are you aware of any studies,
21 epidemiological studies or otherwise, of the drugs
22 that citizens of Lake County abuse?

23 A. We're looking at that all the time, but
24 we're basing that on the information that we gather.
25 We create programs because more people are coming

1 into the behavioral health system in need of
2 treatment for prescription opioid addiction.

3 When you say "studies," this is not
4 something where you can kind of send out a survey
5 and say "Tell me what you're addicted to," because,
6 again, there's so much bleed-over.

7 As I mentioned in that example, somebody
8 comes in saying I need treatment for a specific type
9 of addiction. And two weeks, four weeks, six weeks
10 down the line, we draw it back and realize that it
11 started with a prescription opioid addiction.

12 Q. Are you familiar with the term epidem- --
13 I'm going to mispronounce it because I always have
14 trouble with it -- "epidemiological studies"?

15 A. Yes, I am.

16 Q. You are familiar with that term when
17 pronounced correctly. Okay.

18 Are there any such studies of drug abuse
19 in Lake County?

20 A. We have studies of -- the Lake County
21 General Health District has a review of overdose
22 deaths. But, again, so often those are
23 polysubstance. So to be able to garner back what
24 was the initial drug of choice, but how did this
25 start.

1 individuals are following. We know that that's the
2 gateway.

3 We know from the OSAM reports that we
4 receive from the State that, again, time and again,
5 individuals are reporting that they started on a
6 prescription; that they became addicted to that
7 prescription; they were no longer able to secure
8 that. The addiction didn't go away, and so they
9 turned to street drugs.

10 Q. Are you -- are there individuals who began
11 using heroin and continued to use heroin without
12 ever using a prescription opioid?

13 A. Yes, there would be individuals, yes.

14 Q. And are there individuals who obtain
15 prescription opioids, not pursuant to a valid
16 prescription, but on the street who became addicted
17 to opioids?

18 A. Yes.

19 But if I could just finish, your question
20 about heroin, I want to be clear. You know,
21 certainly the answer is yes. There are individuals
22 who start on heroin. That's their drug of choice.
23 That's what they use.

24 We also know that in Lake County crime
25 rates have gone up; theft has gone up, house